Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 D4800

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinto
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elymra (Last) Albright

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8, 1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Ridgeley, WVa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lease

14. MOTHER'S MAIDEN NAME: Rosie Lark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Harry Albright, Pinto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cancer of the breast — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

170X

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Sec. anemia — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-, 1950, to 5-18, 1952, that I last saw the deceased alive on 5-18-, 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS 57 Greene St. DATE SIGNED 5-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-21-52

NAME OF CEMETERY OR CREMATORY Pinto Mennonite

LOCATION (City, town, or county) (State) Pinto, Md

DATE REC'D BY LOCAL REG. May 21, 1952

REGISTRAR'S SIGNATURE Winter L. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumb., Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

04801

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Vale
LENGTH OF STAY (in this place): 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 B.St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Vale
STREET ADDRESS (If rural, give location): 10 B.Street

3. NAME OF DECEASED (Type or Print): (First) Ida El. (Middle) Elliott (Last) Anderson
4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	March 22-1863	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Bedford Valley, Pa.	U.S.A.

13. FATHER'S NAME: George Elliott
14. MOTHER'S MAIDEN NAME: Rebecca Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mrs.Ross Zembower, La Vale, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral embolism (Apoplexy) due to	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

332x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.	Cumberland, Md.	May 26-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 27 1952	Bethel Cemetery	Bedford Co., Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27 1952	Walter K. Hartz, M.D.	John J. Hafer, Cumberland, Md.	

VS. A15A

RECEIVED
JUN 5 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) Algonquin Hotel

3. NAME OF DECEASED (Type or Print): (First) James (Middle) P. (Last) Barrett

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 5, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Room Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James P. Barrett

14. MOTHER'S MAIDEN NAME: Mary A. McMullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-18-1208

17. INFORMANT: John Barrett Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dissecting aneurysm aorta — Interval between onset and death: 1 week

451X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Complicated arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1952, to May 1, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 3:17 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. M. Schindler M.D. ADDRESS 41 Bruce St Cumberland, Md. DATE SIGNED 5/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: May 3, 1952; NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem.; LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 2, 1952; REGISTRAR'S SIGNATURE: Walter K. Hartz, M.D.

24. FUNERAL DIRECTOR: Charles L. George; ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
FRANCIS	EUGENE	BEST	May 4, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	July 28, 1912	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
construction engineer	Petrillo Con. Co.	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Best	Katie Burall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	214-01-0160	Mrs. Mary Best, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 day

420.1

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 5-4, 19 52 to 5-4, 19 52, that I last saw the deceased alive on 5-4, 19 52, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M.D. (DEGREE OR TITLE) ADDRESS Frostburg, Md. DATE SIGNED 5/6/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7 '52	St. George Epis. Cemetery	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-8-52	Veronica McDermott	J. R. Durst,	Frostburg, Md.

RECEIVED
MAY 8 1952
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04804

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) Rd #1, La Vale

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) S. (Last) Bishop
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Shockey
14. MOTHER'S MAIDEN NAME Rose Kimmel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Jas W. Bishop, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial degeneration

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to May 14, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE George M. Moore (Degree or title) M.D. ADDRESS Cumberland Md. DATE SIGNED 5/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 16, 1952
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. May 16, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein, Inc. ADDRESS Cumberland Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

34805

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 53 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Arch St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegahy; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 129 Arch St.

3. NAME OF DECEASED (Type or Print): (First) Thomas; (Middle) S.; (Last) Blacklin Jr.

4. DATE OF DEATH: (Month) May; (Day) 22; (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan.2-1897

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Passenger Flagman

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Blacklin

14. MOTHER'S MAIDEN NAME: Elenora Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes; (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 214-03-5649

17. INFORMANT AND ADDRESS: Emma G.Kelley Blacklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

337 X
163 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of right lung — 4 months

19a. DATE OF OPERATION: Dec.4-1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of right lung, right lung removed.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection*, Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland, Md. May 23-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 5-25-52; NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park; LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: May 24, 1952; REGISTRAR'S SIGNATURE: Walter K. Kantz, M.D.; 24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli Cumberland, Md.

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limit.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 17 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 310 Pennsylvania Ave.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Frances (Last) Blake

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Mary Hartley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband William E. Blake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Osteomyelitis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.

DUE TO

2608 Antecedent cause(s) (b) Diabetes Mellitus — unk

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to May 19, 1952 that I last saw the deceased alive on May 19, 1952 and that death occurred at 11 20/0 m., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Roth M.D. (DECREE OR TITLE) 202 Va. Ave. ADDRESS Cumberland Md. DATE SIGNED 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 22, 1952

NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

LOCATION (City, town, or county) Cumberland, (State) Maryland

DATE REC'D BY LOCAL REG. May 21, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

T

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

4807

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1011 Gay St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 1011 Gay St.

3. NAME OF DECEASED (Type or Print): (First) Reed (Middle) H. (Last) Brady
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: March 4-1895
9. AGE last birthday: 57 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Helper, Backshop B&O.R.Ry.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morefield, Hardy Co. W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Brady -unknown-
14. MOTHER'S MAIDEN NAME: Anna Hillebrecht -unknown-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.: 705-05-5161
17. INFORMANT AND ADDRESS: Papers in his posession.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular-renal disease	several years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.	Cumberland, Md.	May 5-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 8, 1952	Woodlawn Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8, 1952	Winter R. Lantz, M.D.	John J. Hafer, Cumberland, Md.	

VS. A15A

RECEIVED
MAY 13 1957
BUREAU V. S

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 3 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 808 GEPHART DRIVE

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) BRANT

4. DATE OF DEATH: (Month) MAY (Day) 21 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: 5/21/52

9. AGE Last birthday: ✓ yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours 3 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GLEN BRANT

14. MOTHER'S MAIDEN NAME: SUSAN EX DIEHL BRANTX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 May 19 52, to 21 May, 1952, that I last saw the deceased alive on 21 May 1952, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Leland K. Ransom MD ADDRESS 63 Greene St Cumberland DATE SIGNED 21 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 5/21/52 — NAME OF CEMETERY OR CREMATORY MEMORIAL HOSPITAL — LOCATION (City, town, or county) (State) CUMBERLAND, MD.

DATE REC'D BY LOCAL REG. May 21, 1952 — REGISTRAR'S SIGNATURE Walter K. Hartz, M.D. — 24. FUNERAL DIRECTOR Memorial Hosp, Cumberland, Md. — ADDRESS

2052211240

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU F. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 19 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 523 Pearre Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 523 Pearre Ave

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) Jackqulin (Last) Brant

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 29 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Peter W. Brant

14. MOTHER'S MAIDEN NAME: Catherine Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Frank Deetz, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Intestines — Interval Between Onset and Death: Unknown

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to May 15, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 5 00 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Oliver Ralph Root M.D. 202 Virginia Ave Cumb. Md. 5/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 17 1952 — NAME OF CEMETERY OR CREMATORY: Zion Memorial Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: May 17, 1952 — REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 104

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 620 Fairview Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ellen (Last) Burkey

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	8-29-1863	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife HW	Own Home	Maryland Midland	U.S.

13. FATHER'S NAME: Joseph Miller

14. MOTHER'S MAIDEN NAME: Catherine Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Charles R. Burkey Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
4200 Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coma	3 days.
	DUE TO (c) Arteriosclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Advanced age

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None M.		

22. I hereby certify that I attended the deceased from Jan 4, 19 52, to May 24, 19 52, that I last saw the deceased alive on May 24, 19 52, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
James L. Halleron MD 210 Decatur St Cumberland, Md. 5-24-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-27-52	St Patrick Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26, 1952	Winter K. Kantz, M.D.	James F. Scarpelli	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUN 5 1952
BUREAU Y.

VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 4 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WEST VIRGINIA COUNTY Mineral

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HEADSVILLE

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIE (Middle) P. (Last) CARSKADON

4. DATE OF DEATH: (Month) MAY (Day) 7 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: AUGUST 30, 1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.VA., Romney

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GARRETT W. PARSONS

14. MOTHER'S MAIDEN NAME: AVERY CUVELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac arrest

443X

Antecedent cause(s) DUE TO (b) Hypertensive Heart disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Arterial Hypertension.

INTERVAL BETWEEN ONSET AND DEATH: 2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 May 1952, to 7 May, 1952, that I last saw the deceased alive on 7 May, 1952 and that death occurred at 11:03 AM, from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer (DEGREE OR TITLE) ADDRESS DATE SIGNED 7 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 9 1952

NAME OF CEMETERY OR CREMATORY Headsville Church Cem

LOCATION (City, town, or county) Headsville, W. Va. (State)

DATE REC'D BY LOCAL REG. May 7, 1952

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Markwood Funeral Home, Keyser, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 13 1952
BUREAU V. S.

Within corporate limits DR RICHARD WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 2 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE VA. COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WINCHESTER

STREET ADDRESS (If rural, give location) 631 WATSON AVE.

3. NAME OF DECEASED: (Type or Print) (First) LOUISE M. (Middle) (Last) CONNELLY

4. DATE OF DEATH: (Month) (Day) (Year) MAY 19, 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/14/1899

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Baltimore, Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JAMES McVICKER

14. MOTHER'S MAIDEN NAME: MINERVA BINGHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. W. C. Thomas Winchester, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Colon (Descending) — INTERVAL BETWEEN ONSET AND DEATH: Not known

153X DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/19/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma descending colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17/52, 19....., to 5/19/52, 19....., that I last saw the deceased alive on 5/19/52, 19..... and that death occurred at 7:05P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] Alabama Md. Cumberland Md 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 22, 1952

NAME OF CEMETERY OR CREMATORY Catholic Cem.

LOCATION (City, town, or county) (State) Winchester, Va.

DATE REC'D BY LOCAL REG. May 20, 1952

REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

64813

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 33 Arch St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 33 Arch St.

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) May (Last) Constable
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 8 1894
9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Polk Co. Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Postell
14. MOTHER'S MAIDEN NAME: Zillie West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 218-30-0400
17. INFORMANT AND ADDRESS: Mark B. Postell, Pittsburgh, Pennsylvania

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V.Deming Md Cumberland, Md. May 16-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-20-52
NAME OF CEMETERY OR CREMATORY: Hollywood Cem.
LOCATION (City, town, or county) (State): Gastonia, N.C.

DATE REC'D BY LOCAL REG.: May 17, 1952
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS: James I. Ferrelli Cumberland, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04814

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 50 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 145 Bedford Street	STREET ADDRESS (If rural, give location) 145 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Virginia (Last) Davis

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 19 1880

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Oldtown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James F, Wilson

14. MOTHER'S MAIDEN NAME: Ellen Jeanette Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Garnet W. Davis, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

DUE TO

181X Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Carcinoma Bladder Esp. 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1952 to May 19 52, that I last saw the deceased alive on May 22 19 52 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE Dedrick T Reeves (DEGREE OR TITLE) ADDRESS 404 Decatur St DATE SIGNED May 1 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 25 1952 — NAME OF CEMETERY OR CREMATORY Wilson Cemetery — LOCATION (City, town, or county) Oldtown, Maryland (State)

DATE REC'D BY LOCAL REG. May 24, 1952 — REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

05774

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 33 College Ave.

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Rella (Last) Dettrook

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-16-1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Given Home
11. BIRTHPLACE (State or foreign country): Frohamtown Md.
12. CITIZEN OF WHAT COUNTRY? U. S. G.

13. FATHER'S NAME: Dietrich Sathoff
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Frostburg, Md. Mrs. Edgar Lancaster, 33 College Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Renal Uremia — Carcinoma of gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks ?± 3 yrs.

155X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Metastases to Liver — ± 6 mos

DUE TO (c) Jaundice — 4 wks - 3 d.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mild Hypertension — 10 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1949, to 5/4, 1952, that I last saw the deceased alive on 5/4, 1952, and that death occurred at 3.40 A.m., from the causes and on the date stated above.

SIGNATURE Frank T. Harrat (DEGREE OR TITLE) MD. ADDRESS 59 E. Main St. Frostb. DATE SIGNED 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-7-1952
NAME OF CEMETERY OR CREMATORY Parkin Cemetery
LOCATION (City, town, or county) Eckhart, (State) Md.

DATE REC'D BY LOCAL REG. 5-7-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. R.
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 12 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nurse's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 71 E. Main

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) B (Last) Donahue

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan. 17-1863

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (State or foreign country): Frostburg Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Donahue

14. MOTHER'S MAIDEN NAME: Anne McNulty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Theresa Donahue, 71 E. Main St. Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid Colon — Interval Between Onset and Death: 6 mo

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1952, to May 18, 1952, that I last saw the deceased alive on May 18, 1952, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B McLane M.D. Frostburg Md May 19 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-21-1952

NAME OF CEMETERY OR CREMATORY: St. Michaels Cem.

LOCATION (City, town, or county): Frostburg, Md. (State)

DATE REC'D BY LOCAL REG. 5-21-52

REGISTRAR'S SIGNATURE: Mrs Nancy N. Poe

24. FUNERAL DIRECTOR: Jacob Hafer ADDRESS: Frostburg, Md

RECEIVED
MAY
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH (516)

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hispital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 10 Altamont Terrace

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Milton (Last) Englehart

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Nov.17-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman for Lantz Mfg.Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Englehart

14. MOTHER'S MAIDEN NAME: Anna Cease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish Amer.

16. SOCIAL SECURITY NO. 213 18 2966

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock & 3rd.& 4th.degree burns,right side of chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from crest of ilium to shoulder,right arm (2 days)

(c) to wrist,also calf of right leg a bleb.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY back yard — (CITY OR TOWN) Cumberland — (COUNTY) Allegany — (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY May 3/52 about noon m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? burning vines,clothes caught fire.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland,Md. May 5-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 8,1952 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Cumberland, Md. — (State)

DATE REC'D BY LOCAL REG. May 6,1952 — REGISTRAR'S SIGNATURE Victor K. Lantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight Cumberland,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 1
U. S.

Outside of City Limits

04817

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR FIRE HALL (If not in hospital or institution, give street address or location) Outside Baltimore Pike, Fireman's Hall, 4 miles east of Cumberland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 400 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Elmore (Last) Fraley

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 7-1910

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Filtration Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Luke, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Fraley

14. MOTHER'S MAIDEN NAME: Bessie Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-07-6858

17. INFORMANT AND ADDRESS: wife) Laura Elizabet Fraley

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. May 3-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 6, 1952 — NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 5, 1952 — REGISTRAR'S SIGNATURE: Walter K. Manty, M.D.

24. FUNERAL DIRECTOR — ADDRESS: James F. Scarpelli, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 13 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 818

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1/19/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 31 Grant Street

3. NAME OF DECEASED: (Type or Print) (First) Wilhelmina (Middle) (Last) Gehauf

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/15/1877

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailoress

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gehauf

14. MOTHER'S MAIDEN NAME: Wilhelmina Hersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary Hypostasis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma uteris;	?
	DUE TO (c)	Chronic Myocarditis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia Senile Psychosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1952, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James E. DeLeau M.D. 49 Green St. 5-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/22/1952

NAME OF CEMETERY OR CREMATORY Union Town Odd Fellow Cemetery

LOCATION (City, town, or county) (State) Frostburg Md

DATE REC'D BY LOCAL REG. May 21, 1952

REGISTRAR'S SIGNATURE Walter R. Darby M.D.

24. FUNERAL DIRECTOR / ADDRESS J. P. Durst Frostburg Md

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C 519

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 7 Market St

3. NAME OF DECEASED (Type or Print): (First) Nell; (Middle) J; (Last) Graney Graney

4. DATE OF DEATH: (Month) May; (Day) 14; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Feb. 5-1880

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Piedmont, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gleeson

14. MOTHER'S MAIDEN NAME: Susan Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Graney daughter) Jane [redacted], Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

Immediate cause (a) Carcinoma of the esophagus with — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection *, Inquiry *☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M,D. H.V. Deming M.D. Cumberland, Md. May 14-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5-16-52; NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cem.; LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 15, 1952; REGISTRAR'S SIGNATURE Walter L. Hartz, M.D.; 24. FUNERAL DIRECTOR ADDRESS James D. Scarpelli, Cumberland, Md.

VS. A15A

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland
STREET ADDRESS (If rural, give location) Fairgo, R.F.D. #6

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Virginia (Last) Grant

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 29, 1863

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Cresaptown, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Winters

14. MOTHER'S MAIDEN NAME: Harriet Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Isaac Parker, Fairgo.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

331X Antecedent cause(s) (b) arteriosclerosis, art. hypertension

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. old age

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1943, to 5/2, 1952, that I last saw the deceased alive on 5/1, 1952, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Elizabeth Bridge, MD (DEGREE OR TITLE) ADDRESS DATE SIGNED 5/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 4, 1952

NAME OF CEMETERY OR CREMATORY Eckhart Cem

LOCATION (City, town, or county) Eckhart, Md. (State)

DATE REC'D BY LOCAL REG. May 4, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md

RECEIVED
MAY 13 1957
BUREAU V. S.

Within corporate limits

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

31

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 230 Union Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Thomas (Last) Greenwade

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 3, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Tavern
11. BIRTHPLACE (State or foreign country): Keyser, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Greenwade
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Mineral Hilghman, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

443X

Antecedent cause(s) DUE TO (b) Hypertensive arteriosclerotic cardiovascular dis. — unk

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to May 29, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 10 40/A m., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Roth (DEGREE OR TITLE) MD ADDRESS 202 Va. Ave Cumberland Md DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 31, 1952
NAME OF CEMETERY OR CREMATORY Queen's Point Cemetery
LOCATION (City, town, or county) (State) Keyser, W. Va.

DATE REC'D BY LOCAL REG. May 31, 1952
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hofer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
JUN 5 1952
BUREAU V. S.

Item 8 Fil G143 5/27/52 whw

Dr. R E. Berry
22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Alleyany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
LENGTH OF STAY (in this place): 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 301 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): 301 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) TOBIAS (Middle) BAKER (Last) GREITZNER
4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept 2. 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millright - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill
11. BIRTHPLACE (State or foreign country): Westernport, Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Christopher Greitzner
14. MOTHER'S MAIDEN NAME: Janie Stickley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Ida M. Greitzner, Westernport, Md. 301 Maryland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1952, to 5/18, 1952, that I last saw the deceased alive on 5/18, 1952, and that death occurred at 11a m., from the causes and on the date stated above.

SIGNATURE: F E Berry — (Degree or title): M.D. — ADDRESS: Piedmont W.Va — DATE SIGNED: 5/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 21. 1952 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG.: May 20, 1952 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: E.S. Boal — ADDRESS: Westernport, Md.

VS. A-5

RECEIVED
MAY 23 19
BUREAU V. S.

DR. TOLSON
Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING
STREET ADDRESS (If rural, give location) Watercliffe

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) H. (Last) GRINDELL

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 3/24, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Clothing Store
11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AARON GRINDELL
14. MOTHER'S MAIDEN NAME: JANET CONNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Thos H. Grindle, Lonaconing, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary sclerosis
DUE TO
420.1
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fibrosis of prostate with contracture of vesical orifice.

19a. DATE OF OPERATION: 5-9-52
19b. MAJOR FINDINGS OF OPERATION: perineal prostate resection
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-, 1952, to 5-19, 1952, that I last saw the deceased alive on 5-19, 1952, and that death occurred at 6:20P m., from the causes and on the date stated above.

SIGNATURE Howard L. Tolson, M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED 5-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 22, 1952
NAME OF CEMETERY OR CREMATORY Cap Hill Cemetery
LOCATION (City, town, or county) (State) Lonaconing, Maryland
DATE REC'D BY LOCAL REG. May 20, 1952
REGISTRAR'S SIGNATURE Winter R. Franz, M.D.
24. FUNERAL DIRECTOR M. Eichhorn, Lonaconing, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

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RECEIVED
MAY. 27 1952
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #4, Christie Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) Rt. 4, Christie Road.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Jane (Last) Hardman

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 7, 1908
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Blubaugh
14. MOTHER'S MAIDEN NAME: Ida V. Lancaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. B. Hardman, Rt. 4, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	Acute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension	3 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to May 20, 1952, that I last saw the deceased alive on Apr, 1952, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Clay E. Furress - M.D. Cumberland 5/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 23, 1952
NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery
LOCATION (City, town, or county) near Cumberland, (State) Md.

DATE REC'D BY LOCAL REG. May 23, 1952
REGISTRAR'S SIGNATURE Winter R. Wantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 19
BUREAU N. S.

Heckler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 Arch St	STREET ADDRESS (If rural, give location) 302 Arch St.

3. NAME OF DECEASED (Type or Print) (First) Mary	(Middle) Ann	(Last) Heckler	4. DATE OF DEATH (Month) 5-	(Day) 28-52 (Year) 19
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May [illegible], 1[illegible]	9. AGE last birthday [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Roland County, Pa.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Patrick Rooney		14. MOTHER'S MAIDEN NAME Mary Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Harvey Heckler 302 Arch St.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Acute

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to May 28, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Clay E. Jurrett (Degree or title) M. D. — ADDRESS Cumberland — DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY St. Peter's [illegible]	LOCATION (City, town, or county) (State) Westernport, Md.
DATE REC'D BY LOCAL REG. May 30, 1952	REGISTRAR'S SIGNATURE Winter K. Lantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN. 5, 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

26

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,

LENGTH OF STAY (in this place): 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,

STREET ADDRESS (If rural, give location): 221 West Oldtown Rd.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) HEFNER

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	August 6, 1877	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	~~Country~~ Home	Moorefield, W. Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harness Heavner	Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. Herbert M. Short Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	3 weeks
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis	
420.1	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 18, 1952, to May 8, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Elizabeth Briggs M.D. — DATE SIGNED: 5/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/12/52	Scotts Cemetery	Durgin, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11, 1952	Walter R. Frantz, M.D.	H. Wayne George	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits

04827

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. R.F.D.#2 Flintstone, Md.
STREET ADDRESS (If rural, give location) Beans Cove Road.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) (Last) Heipp
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb. 26-1890
9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady- Household
10b. KIND OF BUSINESS OR INDUSTRY: Products
11. BIRTHPLACE (State or foreign country): Milwaukee, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Heipp
14. MOTHER'S MAIDEN NAME: Lizzette Draher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock and contusion of the brain due to a — Interval between onset and death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) fractured skull, also had crushed chest anterior portion.
(c) Auto accident.

816.4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) route40 5miles east of (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) April-29/52 (Hour) 12.45 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Left turn across road-way, collided with another car going in opposite direction.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. May 2-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-4-1952 | NAME OF CEMETERY OR CREMATORY: Prosperity Cem. | LOCATION (City, town, or county) (State): Pleasant Valley, Md.

DATE REC'D BY LOCAL REG.: May 4, 1952 | REGISTRAR'S SIGNATURE: Walter R. Wantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George | ADDRESS: Cumberland, Md.

RECEIVED
MAY 13 1952
BUREAU V. S.

Within corporate limits

DR. W. F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
MARYLAND LENGTH OF STAY (in this place) 43
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG
STREET ADDRESS (If rural, give location) RT. # 1

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) (Last) HIGGINS

4. DATE OF DEATH: (Month) MAY (Day) 8 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 9/27/1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM SCOTT

14. MOTHER'S MAIDEN NAME: JAMTS NTCHOLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 5 days

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) Infirmities of Age

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 19 47, to 5-8, 1952, that I last saw the deceased alive on 5-7, 1952, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. Williams M.D. Cumberland 5-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-10-52

NAME OF CEMETERY OR CREMATORY Hillsdale Cemetery

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. May 9, 1952

REGISTRAR'S SIGNATURE Wm. K. Hantz M.D.

24. FUNERAL DIRECTOR ADDRESS J. R. Durst Frostburg Md

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MAY 13 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29 4

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Hanover St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 118 Hanover St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MARGARET (Last) HINZE

4. DATE OF DEATH: (Month) (Day) (Year) May 28, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct 10 1867

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hering

14. MOTHER'S MAIDEN NAME: Margaret Krampf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: H. Frank Hinze, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident	1 day
443X Antecedent cause(s)	DUE TO (b)	Hypertensive Arteriosclerotic	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Cardiovascular Dis.	unk

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1952 to May 28, 1952, that I last saw the deceased alive on May 28, 1952 and that death occurred at 11 05 P.M., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Rach M.D. (DEGREE OR TITLE) 202 Va Ave. ADDRESS Cumberland Md DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 31 1952

NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. May 31, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

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BUREAU V. S.

Item 18 Film G143 6-5-52 ams

30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 85 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 85 Broadway

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Elaise Oder Hitchins

4. DATE OF DEATH: (Month) (Day) (Year) May 29 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-1-1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Benson Oder

14. MOTHER'S MAIDEN NAME: Margaret Elizabeth Churchill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ✓

17. INFORMANT & ADDRESS: Mrs. Nancy H. Roe 39 W. Main St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocardial Failure - or Rupture — INTERVAL BETWEEN ONSET AND DEATH: 10 min. 33

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Malnutrition - Refused nourishment consistently. (6-5-52 - ams) — 6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 4 YRS.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1952, to 5/29, 1952, that I last saw the deceased alive on 5/29, 1952, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE Marguerite Ellstein (DEGREE OR TITLE) MD. ADDRESS 48 Broadway Frostburg Md. DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-31-52

NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 5-31-52

REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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JUN 3 1
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
   LENGTH OF STAY (In this place) 2 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa.; COUNTY Somerset
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Myersdale
   STREET ADDRESS (If rural, give location) R.F.D #1

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Edith (Last) Hotchkiss

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 18-1938

9. AGE last birthday: 13 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Jerome, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hotchkiss

14. MOTHER'S MAIDEN NAME: Clara Staub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mother) Mrs. Wm. Hotchkiss, Myersdale Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lateral (right) sinus thrombous from epidural	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) abscess due to otitis media.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.	Cumberland, Md	May 7-1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 11, 1952	I.O.O.F. Cemetery	Salisbury, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7, 1952	Minter K. Hanks, M.D.	Stanley M. Thomas	Salisbury, Pa.

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MAY 13 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11832

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Dawson, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R#3 Keyser, W.Va.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Dawson Md.; STREET ADDRESS (If rural, give location) R#3 Keyser, W.Va.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles Daymon	House		May	4th	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 17, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (owner)		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George House	Susan Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Sarah E House Route 3,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	1 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	5 years
420.1	(c) Arteriosclerosis; myocarditis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blindness

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 46, to 3 May, 19 52, that I last saw the deceased alive on 3 May, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Keyser WVa 5-7-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 6, 52	Dawson	Dawson Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6, 1952	Mrs. Jean C. Kelly	Rogers Funeral Home	Keyser, W.Va.

RECEIVED
MAY 7 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3/31/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 221 Humbird Street ~~Rt. #2, Baltimore Pike~~

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) H. (Last) Kinser

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2/2/1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): ~~Maryland~~ Bedford Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Kinser

14. MOTHER'S MAIDEN NAME: Mary Jane Imes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Gen. Arterio-Sclerosis	?
	(c) DUE TO Hypertension	?
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Arthritis	?

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to May 16 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
James E. McLean M.D. 49 Greene St. 5-19-52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 20 1952 — NAME OF CEMETERY OR CREMATORY Allegany Co. Cem. — LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REG. May 20, 1952 — REGISTRAR'S SIGNATURE Walter K. Lantz, M.D. — **24. FUNERAL DIRECTOR** John L. Hafer, Comb., Md — ADDRESS

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 34 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 6/21/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 217 Glenn Street

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) John (Last) Koelker

4. DATE OF DEATH: (Month) 5 (Day) 10 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 10/29/1875

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Asst. P.M.

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Henry Koelker

14. MOTHER'S MAIDEN NAME: Josephine Buckholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	12 hrs.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Pulmonary Hypostasis	10 hrs.
	DUE TO (c) Left Hemiplegia	2 years

331X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE J. E. McLean M.D., (DEGREE OR TITLE) ADDRESS 49 Greene St. DATE SIGNED 5-10-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 13-52 — NAME OF CEMETERY OR CREMATORY: St Peters & Paul Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 12, 1952 — REGISTRAR'S SIGNATURE: Wm. K. Dantz, M.D. — **24. FUNERAL DIRECTOR:** John J. Hafer, Cumberland, Md — ADDRESS

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 35

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Dr. Johnson (1454)

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wva COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Kathryn (Middle) Lucille (Last) Lineweaver

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 23, 1909

9. AGE last birthday: 42 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deputy County Clerk

10b. KIND OF BUSINESS OR INDUSTRY: County Govt.

11. BIRTHPLACE (State or foreign country): Whitacre, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee N. Whitacre

14. MOTHER'S MAIDEN NAME: Lula Braithwaite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: A.F. Lineweaver, Ridge, Wva

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Hepatitis — INTERVAL BETWEEN ONSET AND DEATH: One month

DUE TO

Antecedent cause(s) 580X
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1952 to 5-25, 1952, that I last saw the deceased alive on 5-24, 1952 and that death occurred at 6:34 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. D. Johnson M.D. ADDRESS Cumberland, Md. DATE SIGNED 5-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5/28/1952 | NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery | LOCATION (City, town, or county) (State) Morgan Co. Wva.

DATE REC'D BY LOCAL REG. May 26, 1952 | REGISTRAR'S SIGNATURE Wister R. Hantz, M.D. | 24. FUNERAL DIRECTOR V. B. Oops, Winchester, [redacted] Va | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 5, 1952
BUREAU U.S.

DR. ROTH

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 836

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 15 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

STREET ADDRESS (If rural, give location) 325 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) MURIEL (Middle) M. (Last) MAFFLEY

4. DATE OF DEATH: (Month) MAY (Day) 28, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 5/26/1908

9. AGE last birthday: ~~##~~ 54 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA, May [redacted]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREMAN KELLER

14. MOTHER'S MAIDEN NAME: EFFIE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Biliary hepatic cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: unk.

DUE TO

581.0

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 8:40P.M., from the causes and on the date stated above.

SIGNATURE Oliver Ralph Roth, M.D. (DEGREE OR TITLE) ADDRESS 202 Virginia Ave., Cumb. Md. DATE SIGNED 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-31-52

NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 30, 1952

REGISTRAR'S SIGNATURE Winter R. Hantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

RECEIVED
JUN 5 1952
BUREAU V. S.

Wilmot Corporate Health

04837

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart [redacted] Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 103 Fifth St.

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) (Last) Mc Bride
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 25-1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur or Taxicab
10b. KIND OF BUSINESS OR INDUSTRY Astor Cab Co.
11. BIRTHPLACE (State or foreign country) Pittsburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac Wm. Mc Bride
14. MOTHER'S MAIDEN NAME Lauella Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-8769
17. INFORMANT AND ADDRESS Christine Knippenberg Mc Bride (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Severed Spinal cord between 3rd.&4th. — 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cervical vertebrae, due to forward subluxation of the 4th. cervical vertebrae and fracture (c) of the transverse process.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes * No

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway route 220 near (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) May (Day) 3/52 (Year) 4:05 A. (Hour) m.
INJURY OCCURRED While at work * Not while at work
HOW DID INJURY OCCUR? Swerved to left of road, hit bank, turned over on top.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident *, suicide, homicide, undetermined.*

SIGNATURE H.V.Deming M.D. (Degree or title) H. V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED May 12-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-14-52
NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.
LOCATION (City, town, or county) Cumberland, Md. (State) Rural

DATE REC'D BY LOCAL REG. May 13, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 21
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) One week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) Route 3, Valley Road

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) DUNCAN (Last) McELFISH

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 16 - 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming Own Farm

11. BIRTHPLACE (State or foreign country): Flintstone Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McElfish

14. MOTHER'S MAIDEN NAME: Isabella Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles D. McElfish, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremic Poisoning. — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

592X

Antecedent cause(s) DUE TO (b) Chronic Glomerulonephritis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Generalized Visceral failure

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 11.22 P.m., from the causes and on the date stated above.

SIGNATURE James P. Hallman MD (DEGREE OR TITLE) ADDRESS 300 Decatur St. Cumberland Md DATE SIGNED 5-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 31 1952 NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery

LOCATION (City, town, or county) (State) Cumberland, Maryland.

DATE REC'D BY LOCAL REG. May 31, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

RECEIVED
JUN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) rear- 29 S.Water St.

3. NAME OF DECEASED (Type or Print) (First) Lincoln (Middle) A (Last) Mc Kenzie
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George A. Mc Kenzie
14. MOTHER'S MAIDEN NAME Katie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am.W.Vet.
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Records at his home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

45 Immediate cause (a) Generalized arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED May 24-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5-27-52 NAME OF CEMETERY OR CREMATORY Percy Cemetery LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 5-27-52 REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR J.J.Durst, Frostburg,Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 19
BUREAU V. S.

Within corporate limits

40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place) 8½ hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [redacted] Oldtown; STREET ADDRESS (If rural, give location) R. F. D. #1, [redacted]

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) McMillan

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/12/52

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 8½ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland (Cumberland)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David S. McMillan

14. MOTHER'S MAIDEN NAME: Nellie I. Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or years of service)

16. SOCIAL SECURITY No. XXXXXXXXXX

17. INFORMANT: David S. McMillan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0 Immediate cause (a) Erythroblastosis fetalis — Interval between onset and death: 4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12-, 1952, to 5-12-, 1952, that I last saw the deceased alive on 5-12-, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 57 Greene St. DATE SIGNED 5-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: 5/13/52; NAME OF CEMETERY OR CREMATORY: Oliver Grove; LOCATION (City, town, or county) (State): Near Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 13, 1952; REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md.

2052390404

VS. A15

RECEIVED
MAY 21
BUREAU V. S.

DR. FAW
Within corporate limits

11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 46DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL AVE. MEMORIALHOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FROSTBURG
STREET ADDRESS (If rural, give location) GUNTER HOTEL

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) J. (Last) MERRIMAN

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: FEB. 13, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Police Officer
10b. KIND OF BUSINESS OR INDUSTRY: Westinghouse Elect.
11. BIRTHPLACE (State or foreign country): Wales
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM MERRIMAN
14. MOTHER'S MAIDEN NAME: JANE HUMPHREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of esophagus c̄ Cachexia Prob 1 year
150X
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 21, 1952
19b. MAJOR FINDINGS OF OPERATION: Gastrostomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 10:10P m., from the causes and on the date stated above.

SIGNATURE W M Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED May 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/27/52
NAME OF CEMETERY OR CREMATORY Restland Memorial Park
LOCATION (City, town, or county) Alleghany County (State) Penna.

DATE REC'D BY LOCAL REG. May 24, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY: Summit
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cuyahoga Falls
STREET ADDRESS (If rural, give location): 2651 9th Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) AGNES (Last) MILLER

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan. 5, 1885

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shirt Finisher

10b. KIND OF BUSINESS OR INDUSTRY: City laundry

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen E. Davis

14. MOTHER'S MAIDEN NAME: Ida Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 297-10-7273

17. INFORMANT & ADDRESS: Sherwood J. Cotter, Cuyahoga Falls, O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage - Rt Hemiplegia	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertension	?
	DUE TO (c)	

331 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. O. McLane MD — Frostburg Md — May 16 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-17-1952 — NAME OF CEMETERY OR CREMATORY: Point Marion Cemetery — LOCATION (City, town, or county) (State): Point Marion, Pa.

DATE REC'D BY LOCAL REG.: 5-16-52 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

RECEIVED
MAY 20 19
BUREAU W. S.

Within corporate limits:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 310 Franklin St.,

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) MILLS

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 29, 1873

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Patrick Barry

14. MOTHER'S MAIDEN NAME: Mary Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Thomas Cumiskey Sr. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) congestive heart failure	6 week
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerotic heart disease	2 yrs
	DUE TO (c) generalized arteriosclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1949, to 5-9-52, 1952, that I last saw the deceased alive on 5-4, 1952, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE): MD ADDRESS: 57 Queen St. DATE SIGNED: 5-9-52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: May 12, 1952 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG.: May 11, 1952 — REGISTRAR'S SIGNATURE: Hunter K. Kuntz, M.D.

24. FUNERAL DIRECTOR: H. Wayne George — ADDRESS: Cumberland, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

Within corporate limits DR. COFFMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 44

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegan

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCOOLE

STREET ADDRESS (If rural, give location) 438 Md. Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Viola (Last) MORRIS

4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 2/27/1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Iser

14. MOTHER'S MAIDEN NAME: Rebecca Lorena Iser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	Not known
592X Antecedent cause(s)	DUE TO (b)	Chronic Nephritis	Not known
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	Arteriosclerosis	Not known

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/17/52 19....., to 5/18/52 19....., that I last saw the deceased alive on 5/18/52 19....., and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Cumberland DATE SIGNED 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/21/52

NAME OF CEMETERY OR CREMATORY Queens Point Cem.

LOCATION (City, town, or county) Keyser, W. Va. (State)

DATE REC'D BY LOCAL REG. May 20, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAY 27 1952
BUREAU V. S.

Within corporate limits

DR W.F.WMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14 154

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

LENGTH OF STAY (in this place): 26 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural, give location): QUEEN STREET

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) POLING

4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4/28/1885

9. AGE last birthday: 67 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: W.P.A.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES POLING

14. MOTHER'S MAIDEN NAME: MELLISA DUMAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Chronic Myocardial Degeneration

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

422.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.21, 19 52, to 5.17, 19 52, that I last saw the deceased alive on 5.17, 19 52, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm. F. Williams M.D. Cumberland 5.20.52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 21 1952

NAME OF CEMETERY OR CREMATORY: Union Memorial Cem

LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: May 20, 1952

REGISTRAR'S SIGNATURE: Walter K. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli, Cumberland, Md

RECEIVED
5/27/'952
BUREAU V. S.

135727

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. TOPPER

CERTIFICATE OF DEATH

Reg. Dist. No. 4

16

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near CUMBERLAND, Rural
STREET ADDRESS (If rural, give location) ROUTE # 1, BOX 426

3. NAME OF DECEASED: (Type or Print) (First) STEVEN (Middle) PAUL (Last) POORBAUGH

4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 6, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 11 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EARL E. POORBAUGH

14. MOTHER'S MAIDEN NAME: GRACE KEIFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congenital Atelectasis left lung. — INTERVAL BETWEEN ONSET AND DEATH 11 days.

712.0

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1952, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 2:20 A m., from the causes and on the date stated above.

SIGNATURE John A Topper MD (DEGREE OR TITLE) ADDRESS Hyndman Pa DATE SIGNED 5.17.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-18-52 NAME OF CEMETERY OR CREMATORY Zion Memorial Cem. LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. May 17, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Charles L. George - Cumberland, Md. ADDRESS

2052 283407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
MAY 21 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05771

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SYLVAN RETREAT

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 139 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) J. (Last) Quantz

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-21-1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Cumberland, Maryland	USA

13. FATHER'S NAME: August Quantz

14. MOTHER'S MAIDEN NAME: Christina Shaid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Fred Quantz, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Chronic Myocarditis,	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	arthritis deformans	?
	DUE TO (c)	Gen. arterio-sclerosis.	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis. 1 year.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to May 17, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E. Dean M.D. 49 Greene St. 5-18-52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20 1952	Trinity Luthern Cemetery	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1952	Under K. Tank, M.D.	William H. Kight	Cumberland, Md.

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

17

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 827 Mt. Royal Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mayme (Middle) Veronica (Last) Reinhart

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-30-1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Terrance Duggan
14. MOTHER'S MAIDEN NAME: Mary Godfrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Harry F. Reinhart Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Urinary Bladder
181X
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1952, to 5/27, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred at 0 m., from the causes and on the date stated above.

SIGNATURE John K Rozgum M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-29-1952
NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 28, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

RECEIVED
JUN 5 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

48

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport | LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 132 Wood St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural, give location) 477 W. Piedmont St.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Virginia (Last) Rinard
4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 22, 1882
9. AGE last birthday: 69 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Keyser, W.Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John May
14. MOTHER'S MAIDEN NAME: Caroline Humes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Jos. H. Rinard, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 3 months

151 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach — Nov 1951

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to May 25, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) MD | ADDRESS Keyser | DATE SIGNED 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 5/31/52 | NAME OF CEMETERY OR CREMATORY: Queens Point Cem. | LOCATION (City, town, or county) (State): Keyser, W.Va.

DATE REC'D BY LOCAL REG.: May 29, 1952 | REGISTRAR'S SIGNATURE: Marjorie C. Kelly | 24. FUNERAL DIRECTOR: B. H. Markwood | ADDRESS: Keyser, W.Va.

RECEIVED
JUN 2 195-
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 49

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 80 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Independence Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 115 Independence Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Clifford (Last) Rizer

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar 1 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpet Dept

10b. KIND OF BUSINESS OR INDUSTRY: McMullen Bros

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Rizer

14. MOTHER'S MAIDEN NAME: Amanda Butts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Eleanor Rizer, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Acute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis -	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1952, to 5/6, 1952, that I last saw the deceased alive on 5/6, 1952, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John K Rowland MD Cumberland Md 5/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 9 1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: May 9, 1952

REGISTRAR'S SIGNATURE: Winter K. Rasby, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
MAY 13 1952
BUREAU V. S.

Within corporate limits

04850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) [illegible] yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] Virginia Avenue	STREET ADDRESS (If rural, give location) [illegible] Virginia Ave.

3. NAME OF DECEASED (Type or Print)	(First) Carrie	(Middle)	(Last) Shumaker	4. DATE OF DEATH	(Month) May (Day) 15, (Year) 1952 19
5. SEX F	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH [illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Willia[illegible], Pa.	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME [illegible]		14. MOTHER'S MAIDEN NAME [illegible]			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Wm. [illegible] Shumaker [illegible] Virginia Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetic gangrene c̄ generalized	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis c̄ myocardial infarction	
	(c) old	Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9/20, 1951, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 5 16/P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Oliver Ralph Loth, M.D.		202 Virginia Ave. Cumb., Md	5/17/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY Willcrest Burial Park	LOCATION (City, town, or county) [illegible], Md. (State)
DATE REC'D BY LOCAL REG. May 17, 1952	REGISTRAR'S SIGNATURE Winter R. Dantz, M.D.	24. FUNERAL DIRECTOR James F. Scarpelli	ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 77 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 183 N. Centre Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Snyder

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 26 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew H. Snyder

14. MOTHER'S MAIDEN NAME: Catherine C. Glos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: H. Raymond Snyder, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Carcinoma of Pancreas — DUE TO — Interval Between Onset and Death: unknown

157X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3 1952, to May 7, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 2 45 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Oliver Ralph Lotz, M.D. 202 Virginia Avenue Cumberland, Md. 5/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 7 1952

NAME OF CEMETERY OR CREMATORY: St. Peter & Paul Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 6, 1952

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 13 1952
BUREAU V. S.

Dr. Roth.

Within corporate limits

52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) [illegible] yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital	STREET ADDRESS (If rural, give location) 43 Blackiston Ave

3. NAME OF DECEASED (Type or Print)	(First) Dora	(Middle) Ellen	(Last) Spiker	4. DATE OF DEATH	(Month) May (Day) 1 (Year) 1952
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH Oct. [illegible], [illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) [illegible], W.Va.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME [illegible] D. [illegible]		14. MOTHER'S MAIDEN NAME Mary F. Crites			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Willard Riggs 43 Blackiston Ave			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis c

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 21, 1952, to May 1, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay E. Burrett	M.D.	Cumberland - Md	May 2, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-4-52	NAME OF CEMETERY OR CREMATORY Rose Hill Cem.	LOCATION (City, town, or county) Cumberland, Md. (State)
DATE REC'D BY LOCAL REG. May 2, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16

RECEIVED
MAY 13 1952
BUREAU OF S

Within corporate limits

L. B.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 69 Prospect Square

3. NAME OF DECEASED (Type or Print): (First) Isabel (Middle) E. (Last) Spiker

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-21-1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E. Spiker

14. MOTHER'S MAIDEN NAME: Mary A. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-6025

17. INFORMANT & ADDRESS: Miss. Josephine Spiker Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

175X

Immediate cause (a) pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) cancer of the ovary — 6 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-, 19 51, to 5-19-, 19 52, that I last saw the deceased alive on 5-19-, 19 52 and that death occurred at 5 30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS 57 Greene St. DATE SIGNED 5-20-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 5-21-1952 — NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 20, 1952 — REGISTRAR'S SIGNATURE: [signature] M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

RECEIVED
MAY 27 1952
BUREAU V. S.

54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mine's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 70 Bowery

3. NAME OF DECEASED (Type or Print) (First) Milburn (Middle) Lee (Last) Spiker
4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 13 1922
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Father's Shop
11. BIRTHPLACE (State or foreign country) Frostburg Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Quinton Spiker
14. MOTHER'S MAIDEN NAME Hazel Fraley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World # 2
16. SOCIAL SECURITY NO. 215-16-4080
17. INFORMANT AND ADDRESS Quinton Spiker Frostburg, Md. 35 Bowery St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Pulmonary Hemorrhage — 26 hrs.
Immediate cause (a) Hemangioma - left bronchus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)
INTERVAL BETWEEN ONSET AND DEATH probably since birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subacute chronic Glomerulonephritis 2 to 5 yrs. or longer?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1952, to 5/16, 1952, that I last saw the deceased alive on 5/16/52 5:40 A.M., 1952, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE Martin Rothstein (Degree or title) M.D. ADDRESS 48 Broadway Frostburg DATE SIGNED 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-18-1952
NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park
LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REG. 5-17-52
REGISTRAR'S SIGNATURE Mrs Nancy H. Pike
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr P E Berry
04855

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 519 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): 519 Maryland Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LLOYD STARK

4. DATE OF DEATH (Month) (Day) (Year): May 21 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2 Sept 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Addison, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Stark

14. MOTHER'S MAIDEN NAME: Mary Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 217-22-4815

17. INFORMANT AND ADDRESS: Mrs Nancy Stark Westernport, Maryla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

151X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct -, 1951, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE: P E Berry — (Degree or title): M. D. — ADDRESS: Piedmont W.Va — DATE SIGNED: 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 23 May 52 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: May 23, 1952 — REGISTRAR'S SIGNATURE: Mrs Jon C. Kelly

24. FUNERAL DIRECTOR — ADDRESS: E. S. Boal, Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

DR. WHITWORTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (In this place) 8 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

STREET ADDRESS (If rural, give location) 219 COLUMBIA STREET

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) B. (Last) STEVENSON

4. DATE OF DEATH: (Month) MAY (Day) 24, (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT. 24. 1908

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEXTILE Worker

10b. KIND OF BUSINESS OR INDUSTRY: CELANESE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HENRY BROWN

14. MOTHER'S MAIDEN NAME: MARY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-5211

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

570.2

Immediate cause (a) Shock. — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Pancreatitis Acute

DUE TO (c) Mesenteric Thrombosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 May, 19 52, to 24 May 19 52, that I last saw the deceased alive on 24 May, 19 52, and that death occurred at 02 30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lucien B. Whitworth MD Cumberland Md 24 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 26, 1952

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. May 26, 1952

REGISTRAR'S SIGNATURE Hunter K. Manly, M.D.

24. FUNERAL DIRECTOR ADDRESS J. J. Hafer - Cumberland, Md.

VS-AID 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 57

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DEGEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ADAM (Last) SWEENE

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3-28-1854

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired boiler maker

10b. KIND OF BUSINESS OR INDUSTRY: C. &. P. R.R.

11. BIRTHPLACE (State or foreign country): Wellersburg, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sweene

14. MOTHER'S MAIDEN NAME: Mary Hostller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Harry Porter, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Uremia Schrotic Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

442 DUE TO Renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 12 55 P.m., from the causes and on the date stated above.

SIGNATURE Wm A Topper (DEGREE OR TITLE) MD ADDRESS Kynchman Pa DATE SIGNED 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-28-52

NAME OF CEMETERY OR CREMATORY St. George Epis. Cemetery

LOCATION (City, town, or county) (State) Mt. Savage, Md.

DATE REC'D BY LOCAL REG. 5-27-52

REGISTRAR'S SIGNATURE Veronica McDermott

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 29 1952
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart Mines
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart Mines
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) H. (Last) Thomas

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 19-1896

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Department Retail Store

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Land Thomas

14. MOTHER'S MAIDEN NAME: Ida Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-6611

17. INFORMANT & ADDRESS: Mrs. Clarence H. Thomas, Eckhart Mines, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

Antecedent cause(s) 4281 — (b) — INTERVAL: 12 hrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO — according to history

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclerosis — 3 yrs

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to May 23 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 7:00 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. Jules Rothstein M.D. ADDRESS 48 Broadway DATE SIGNED 5-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5-26-1952 — NAME OF CEMETERY OR CREMATORY Eckhart Methodist — LOCATION (City, town, or county) Eckhart — (State) Md.

DATE REC'D BY LOCAL REG. 5-26-52 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 28 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Rural
STREET ADDRESS (If rural, give location): Williams Road, Route #2.

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) WALTER (Last) THOMAS

4. DATE OF DEATH: (Month) (Day) (Year) May 16, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 14, 1908

9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Tire industry

11. BIRTHPLACE (State or foreign country): Daebeln, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Thomas

14. MOTHER'S MAIDEN NAME: Leiddy Andras

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-0261

17. INFORMANT & ADDRESS: Mrs Paul Thomas, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uraemia	6 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of Bladder	
	DUE TO (c)		

181 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 11 10 A.m., from the causes and on the date stated above.

SIGNATURE: Clay B. Turner — (DEGREE OR TITLE) M. D — ADDRESS: Cumberland — DATE SIGNED: 5/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 18 1952 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: May 18, 1952 — REGISTRAR'S SIGNATURE: Walter K. Mark, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
MAY 27 1952
BUREAU U. S.

Within corporate limit DR. WHITWORTH

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 5DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL AVE MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 468 BALTIMORE AVE.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) M. (Last) TWIGG

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: DEC. 9, 1887

9. AGE last birthday: 64 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Flintstone Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK B. DAVIS

14. MOTHER'S MAIDEN NAME: CARRIE RUBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure

DUE TO

Antecedent cause(s) (b) Peritonitis Generalized Abdomen

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Ruptured Appendix - Gangrenous Ileum

550.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 May 52

19b. MAJOR FINDINGS OF OPERATION: Ruptured Appendix - Peritonitis - Ruptured Ileum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 May 1952 to 23 May 1952, that I last saw the deceased alive on 23 May 1952, and that death occurred at 2:24P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Fuller B. Whitworth MD Cumberland Md 23 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 26 1952

NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

LOCATION (City, town, or county) (State) Cumberland. Md.

DATE REC'D BY LOCAL REG. May 26, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumb. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
JUN 5 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,

STREET ADDRESS (If rural, give location): 10 Columbia St.,

3. NAME OF DECEASED: (First) MARY (Middle) ELIZABETH (Last) TWIGG

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Oct. 21, 1895	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Brooks Restaurant	Cumberland, Md.	U. S.

13. FATHER'S NAME: John J. Brooks

14. MOTHER'S MAIDEN NAME: Margaret E. Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	213-22-3479	Arthur J. Twigg 10 Columbia St., Cumb. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinomatosis	
DUE TO	
170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of breast.	
DUE TO	
(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov. 1951	Carcinoma of left breast.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov, 19.51; to May, 1952, that I last saw the deceased alive on 5/10, 1952, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John K Rogers M D ADDRESS Cumberland Md DATE SIGNED 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/14/52	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13, 1952	Winter R. Lantz, M.D.	Charles L. George	Cumberland, Md.

RECEIVED
MAY 21 19
BUREAU V. S.

Dr. Murray

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 862 5

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Franklin Ullery

4. DATE OF DEATH: (Month) (Day) (Year) May 17, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-13-1869

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Hampshire Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Ullery

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wade McKee Augusta, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Exhaustion and Starvation Senility — Interval Between Onset and Death: 6 weeks

592X Antecedent cause(s) DUE TO (b) Chronic Nephritis and — 2 or 3 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Chronic Cystitis & Enlarged Prostate — 2 or 3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952, to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE F. Alan G. Murray M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED May 22, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5-20-1952

NAME OF CEMETERY OR CREMATORY Salem Cem.

LOCATION (City, town, or county) (State) Slanesville, W. Va.

DATE REC'D BY LOCAL REG. May 19, 1952

REGISTRAR'S SIGNATURE [illegible] Von Metz

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—B-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

STREET ADDRESS (If rural, give location): Foundry Row

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) I. (Last) VANN

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-12-1862

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Vann

14. MOTHER'S MAIDEN NAME: Elizabeth Mytinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: James Murray, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Senility & Chronic Bronchitis — INTERVAL BETWEEN ONSET AND DEATH

502.1

Antecedent cause(s) DUE TO Starvation

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to May 28 1952, that I last saw the deceased alive on May 22, 1952 and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Alan G. Murray MD Cumberland Md May 24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-25-1952 — NAME OF CEMETERY OR CREMATORY: Woodstock Cemetery — LOCATION (City, town, or county) (State): Woodstock, Va.

DATE REC'D BY LOCAL REG.: 5-24-52 — REGISTRAR'S SIGNATURE: Veronica McDermott

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

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MAY 27 1952
BUREAU V. S.

14864

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Vale Summit
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. No 1 Frostburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Vale Summit
STREET ADDRESS (If rural, give location) R.D. No 1 Frostburg, Md

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) A (Last) Whitacre

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-7-1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Vale Summit

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Fatkin

14. MOTHER'S MAIDEN NAME: Emma Percy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jesse Mrs Myron Robertson, Vale Summit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — DUE TO — Interval Between Onset and Death: 6 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertension — DUE TO — Interval Between Onset and Death: several years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W M C Lane M D — Frostburg Md — May 5 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-6-1952

NAME OF CEMETERY OR CREMATORY: Methodist Cem.

LOCATION (City, town, or county) (State): Vale Summit Md.

DATE REC'D BY LOCAL REG. 5-6-52

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS: Jacob Hafer Frostburg, Md.

VS-A15 8-51

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BUREAU V. S.

ITEM 3: film G151 2-25-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 55

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Maple St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 209 Maple St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) DAVID C. (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 5 - 2 - 1952

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-25-1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Harry Williams
14. MOTHER'S MAIDEN NAME: Jane Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 209 Maple St. Frostburg Miss Lillian Williams Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	24 hrs.
523.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Heart disease	years
	DUE TO (c)	Silicosis	years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to May 2, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 10:30A EST. m., from the causes and on the date stated above.

SIGNATURE John B. Davis, M.D. (DEGREE OR TITLE) ADDRESS Frostburg, Maryland DATE SIGNED 5/3/52.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5-4-1952
NAME OF CEMETERY OR CREMATORY Frostburg Mem Park
LOCATION (City, town, or county) Frostburg, Md. (State)
DATE REC'D BY LOCAL REG. 5-4-52
REGISTRAR'S SIGNATURE Mrs Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MAY 7 1952
BUREAU N. S.

Within corporate limits

56

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] — LENGTH OF STAY (in this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 Elder St	STREET ADDRESS (If rural, give location) 225 Elder St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Williams			4. DATE OF DEATH (Month) May (Day) 17, (Year) 1952 19		
5. SEX [illegible]	6. COLOR OR RACE [illegible]	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]	8. DATE OF BIRTH 10-[illegible]-1[illegible]4	9. AGE last birthday 87 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible] Mill	11. BIRTHPLACE (State or foreign country) Clearfield County Pa.	12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME Samuel Williams		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. [illegible]-03-7[illegible]7	17. INFORMANT AND ADDRESS Lillie Willi[illegible] [illegible] Elder St.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bulbar Palsy - chiefly	
	(c) Speech & Deglutition Muscles	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept., 1951, to May 17, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay R. Jurrett	M.D.	Cumberland	5/19/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF 5-[illegible]	NAME OF CEMETERY OR CREMATORY [illegible]	LOCATION (City, town, or county) (State) Hendricks, W.Va.
DATE REC'D BY LOCAL REG. May 19, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 27 195
BUREAU V. S.

de of Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

37

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN [redacted] near Cumberland — LENGTH OF STAY (in this place) 82 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wms. Road Rt 2 Cumberland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL) OR TOWN Rural Rt 2 Cumberland [redacted]
STREET ADDRESS (If rural, give location) Rt 2 Cumberland

3. NAME OF DECEASED: (Type or Print) (First) Amon (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) (Day) (Year) May 14 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	Married	May 28, 1869	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	General Farming	Wms Rd Rt 2 Cumberland	U.S.

13. FATHER'S NAME: Moses Wilson

14. MOTHER'S MAIDEN NAME: Caroline Twigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		No	Robert Snider Rt #2 Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ulcerating Metastatic Carcinoma,	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma, Lower Lip. Left Cervicle Region	5 YR
	DUE TO (c)	

140X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13., 1946., to 5-8., 1952; that I last saw the deceased alive on 5-8., 1952; and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE Frank Conley (DEGREE OR TITLE) M.D. ADDRESS Memorial Hosp. Cumberland Md. DATE SIGNED 5-15-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 16, 1952	Mt Herman Cemetery	Near Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16, 1952	Minter K. Conley M.D.	John J. Hofer	Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS—A15 8-51

RECEIVED
MAY 21 1952
BUREAU V. E.

Within corporate limits

DR.W.F.WMS

04868

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 12DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING.

STREET ADDRESS (If rural, give location) ROCKVILLE ST.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) P. (Last) WILSON

4. DATE OF DEATH: (Month) (Day) (Year) MAY 14.1952 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: FEB. 14, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS WILSON

14. MOTHER'S MAIDEN NAME: MARGARET POLLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 216-07-2679

17. INFORMANT & ADDRESS: CUMBERLAND, MD. Memorial Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis

420.1

DUE TO

Antecedent cause(s) (b) Myocardial Infarction

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 17 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.2, 1952, to 5.14, 1952, that I last saw the deceased alive on 5.13, 1952, and that death occurred at 9:30AM m., from the causes and on the date stated above.

SIGNATURE W.F. Williams (DEGREE OR TITLE) MD. ADDRESS Cumberland DATE SIGNED 5-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 17, 1952

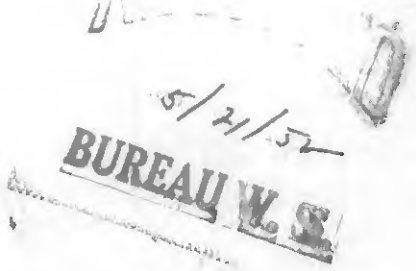
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REG. May 16, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR M. Eichhorn, ADDRESS "


5/21/52
BUREAU W. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04869

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrellsville
(If rural, give location)
STREET ADDRESS Mailing Rt. #1, Hyndman, Penna.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Yost

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: May 13, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dewey Hubbard
14. MOTHER'S MAIDEN NAME: Lucille Yost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Leonard Phillips—Hyndman Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bilateral Pulmonary — INTERVAL BETWEEN ONSET AND DEATH 15 min

DUE TO

762.5

Antecedent cause(s) (b) Atalectasis due to

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952 to May 16, 1952 that I last saw the deceased alive on May 16, 1952, and that death occurred at 9.05 A.M., from the causes and on the date stated above.

SIGNATURE James P. Halleman MD (DEGREE OR TITLE) ADDRESS 200 Decatur St. Cumberland, Md. DATE SIGNED 5-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 17, 1952
NAME OF CEMETERY OR CREMATORY Mt Savage Meth. Cem.
LOCATION (City, town, or county) Mt Savage (State) Md.

DATE REC'D BY LOCAL REG. May 17, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland Md

2052181282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-51

RECEIVED
MAY 21 1952
BUREAU W. S.